

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045378

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 098

Primary Registration District No.

Registrar's No. 11

FILED DEC 26 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin		c. CITY OR TOWN Gallatin	
Length of stay in 1b Most of Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sullivan Rest Home		d. STREET ADDRESS (If outside, give location) ---	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Jane Beck		4. DATE OF DEATH Month Day Year December 12 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-1-76
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Marion, Virginia		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James N. Walton		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Overby	
14. NAME OF HUSBAND OR WIFE Walter Beck, (Dec'd)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No ---	
16. SOCIAL SECURITY NO. ---		17. INFORMANT 2-D Webster D. Baker, Gallatin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension, secondary anemia DUE TO (c) Severe hemorrhage from kidneys, possible tumor of kidney PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) bad senile dementia, fracture of ribs in fall 2 months ago		INTERVAL BETWEEN ONSET AND DEATH 2 days 2 weeks 2 months	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from May 1960 to Dec 11-1962 and last saw him alive on Dec 11-1962 Death occurred at 11:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H. Bailey (Degree or title)	
22b. ADDRESS Gallatin		22c. DATE SIGNED 12-18-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-15-1962	
23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		23d. LOCATION (City, town, or county) Gallatin, Mo.	
24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo.		25. DATE RECD. BY LOCAL REG. 12-18-1962	
26. REGISTRAR'S SIGNATURE Vergil M. Engelhart			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 3 1963

Permit Applicant # 147 12-18-62 (20ME)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richardson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.